## **BEDFORD RECREATION KIDS' CLUB**

## 2022-2023 Medication Consent Form

MA Department of Early Education and Care, 606 CMR 7.11(2)

Child's name:	Grade (as of Sept. 2022):
Name of medication:	
· — · —	cription, Oral   pated, for mild symptoms)
My child has previously taken this medication: Yes \( \scale \) No	
My child has <b>not</b> previously taken this medication, but this is permission for authorized Kids' Club staff to give this medication, his/her individual health care plan (IHCP): Yes \( \square	
Medication Dosage:	
Date(s) medication to be given:	
Time(s) of day medication to be given:	
Reasons for medication:	
Possible side effects:	
Directions for storage:	
Name of Prescribing Physician/Lic. Practitioner:	
(please print)	Phone:
Signature of Prescribing Physician/Lic. Practitioner:	
	Date:
I,	permission to authorized Kids' Club staff
member(s) to administer medication to my child as indicated	l above.
Signature of Parent/Guardian:	Date:

## 2022-2023 Medication Administration Record

(This record is maintained in the child's file when completed. MA EEC, 606 CMR 7.11(2))

For Staff Use:

Who train	ned the staff?	?			_			
Has the M	Iedication Co	onsent Form beer	completed?	Yes 🗌	No 🗌			
		" been addressed ication, right dose,		No 🗌 ht time)				
Is medica	tion in a safe	ety cap container	? Yes 🗌	No 🗌				
Is the orig	ginal prescri	ption label on the	e container?	Yes 🗌 N	No 🗌			
Is the nar	ne of the chi	ld listed on this f	orm shown on	the contain	er? Yes 🗌	No 🗌		
	-	scription label cu ed; within a year o				thin the expirati	ion date	
	ne of the me	dication, dose and ions? Yes	d frequency of	f administra	tion printed on	the label cons	istent	
Medicatio	on can be ad	lministered only	if answers to	o all questio	ons above are "	YES."		
Child's Name: Grade (as of Sept. 2022):								
Date	Time	Medication	Dose	Route	Staff Signature	Misdose/ Error	Child Refusal	
-		times?						
f child refus	ed medicatio	n, explain why: _						